

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known): _____

Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Andres

First Name

Middle Name

Andrade

Last Name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Maria

First Name

G

Middle Name

Andrade

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First Name

Middle Name

Last Name

Maria

First Name

G

Middle Name

Jimenez

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 6 4 5

OR

9xx - xx - _____

xxx - xx - 3 4 3 6

OR

9xx - xx - _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

I have not used any business names or EINs.

I have not used any business names or EINs.

Business name

Business name

Business name

Business name

Business name

Business name

About Debtor 1:

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

EIN _____

EIN _____

5. Where you live

5715 W Cermak Rd

Number Street

Cicero IL 60804

City State ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

5715 W Cermak Rd

Number Street

P.O. Box

Cicero IL 60804

City State ZIP Code

5715 W Cermak Rd

Number Street

Cicero IL 60804

City State ZIP Code

Cook

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. How you will pay the fee

- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes.

District Northern District of Illinois When 10/12/2009 Case number 09-37998
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
 MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
 MM / DD / YYYY if known

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- No. Go to Part 4.
 Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- No. Go to line 16b.
 Yes. Go to line 17.
- 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- No. Go to line 16c.
 Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
-
17. Are you filing under Chapter 7?
- No. I am not filing under Chapter 7. Go to line 18.
- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- No
 Yes
18. How many creditors do you estimate that you owe?
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
19. How much do you estimate your assets to be worth?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
20. How much do you estimate your liabilities to be?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Andres Andrade

Signature of Debtor 1

Executed on 01/20/2016

MM / DD / YYYY

X /s/ Maria G Andrade

Signature of Debtor 2

Executed on 01/20/2016

MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Salvador J Lopez _____ Date **01/20/2016**
Signature of Attorney for Debtor MM / DD / YYYY

Salvador J Lopez

Printed name

Robson & Lopez LLC

Firm Name

5 S. Wabash

Number Street

Suite 1919

Chicago

City

IL

State

60603

ZIP Code

Contact phone **(312) 523-2021** Email address **lopez@robsonlopez.com**

6298522

Bar number

State

Fill in this information to identify your case and this filing:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1.

5715 W. Cermak Rd

Street address, if available, or other description

What is the property?

Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$95,000.00

Current value of the portion you own?

\$95,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple Absolute

Check if this is community property
(see instructions)

Cook
County

2 Flat Building
Debtor's Primary Residence

Who has an interest in the property?

Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: **16-29-204-014-0000**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$95,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

Debtor 1 **Andres**
First Name Middle Name Last Name

| | | | | | | |
|---|------------------------|----------------------|-------------------|-------------------------------------|---|--|
| 3.1. | Make: <u>Hyundai</u> | Model: <u>Sonata</u> | Year: <u>2012</u> | Approximate mileage: <u>93,000</u> | Who has an interest in the property? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: <i>Creditors Who Have Claims Secured by Property.</i> |
| Other information: Car - 2012 Sonata 93k miles | | | | | Current value of the entire property? <u>\$7,759.00</u> | Current value of the portion you own? <u>\$7,759.00</u> |
| <input type="checkbox"/> Check if this is community property (see instructions) | | | | | | |
| 3.2. | Make: <u>Chevrolet</u> | Model: <u>Tahoe</u> | Year: <u>2004</u> | Approximate mileage: <u>155,000</u> | Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: <i>Creditors Who Have Claims Secured by Property.</i> |
| Other information: Car - 2004 Chevy Tahoe | | | | | Current value of the entire property? <u>\$3,961.00</u> | Current value of the portion you own? <u>\$3,961.00</u> |
| <input type="checkbox"/> Check if this is community property (see instructions) | | | | | | |

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... → \$11,720.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe..... **See continuation page(s).** \$550.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

Debtor 1 Andres
 First Name Middle Name

Last Name

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe..... **Debtors clothing and shoes.**

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe..... **Costume Jewelry**

\$50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$900.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes..... Cash:

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes..... Institution name:

17.1. Checking account: **Bank of America Checking Acct (Co-debtor)** **\$829.00**

17.2. Checking account: **Bank of America Checking acct (Debtor)** **\$927.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes..... Institution or issuer name:

Debtor 1 Andres
First Name Middle Name

Last Name

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them _____

Debtor 1 Andres
 First Name Middle Name Last Name

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \$0.00
 State: \$0.00
 Local: \$0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
 Yes. Give specific information

Alimony: \$0.00
 Maintenance: \$0.00
 Support: \$0.00
 Divorce settlement: \$0.00
 Property settlement: \$0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No
 Yes. Name the insurance company of each policy and list its value..... Company name:

Beneficiary: Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- No
 Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
 Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,756.00

Debtor 1 **Andres**
First Name Middle Name Last Name

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- No
 Yes. Describe... _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No
 Yes. Describe... _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No
 Yes. Describe... **Various restaurant equipment.** _____ **\$1,500.00**

41. Inventory

- No
 Yes. Describe... _____

42. Interests in partnerships or joint ventures

- No
 Yes. Describe..... Name of entity: _____ % of ownership:

43. Customer lists, mailing lists, or other compilations

- No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe..... _____

44. Any business-related property you did not already list

- No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → **\$1,500.00**

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Debtor 1

Andres

First Name

Middle Name

Last Name

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- No
 Yes....

48. Crops--either growing or harvested

- No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- No
 Yes....

50. Farm and fishing supplies, chemicals, and feed

- No
 Yes....

51. Any farm- and commercial fishing-related property you did not already list

- No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

Debtor 1 Andres
First Name Middle Name Last Name

Part 8: List the Totals of Each Part of this Form

| | | |
|---|-------------|--|
| 55. Part 1: Total real estate, line 2..... | → | \$95,000.00 |
| 56. Part 2: Total vehicles, line 5 | | \$11,720.00 |
| 57. Part 3: Total personal and household items, line 15 | | \$900.00 |
| 58. Part 4: Total financial assets, line 36 | | \$1,756.00 |
| 59. Part 5: Total business-related property, line 45 | | \$1,500.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 |
| 61. Part 7: Total other property not listed, line 54 | + \$0.00 | |
| 62. Total personal property. Add lines 56 through 61..... | \$15,876.00 | Copy personal property total → + \$15,876.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62..... | | \$110,876.00 |

Debtor 1 Andres
First Name Middle Name Last Name

6. Household goods and furnishings (details):

| | |
|---------------------------------------|-----------------|
| Debtors' Household Furnishings | <u>\$500.00</u> |
| Debtors cell phones (2) | <u>\$50.00</u> |

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|------------------------------------|
|--|--------------------------------------|-----------------------------------|------------------------------------|

| | | | |
|--|-------------|---|------------------------------------|
| Brief description 2 Flat Building Debtor's Primary Residence Line from <i>Schedule A/B</i> : <u>1.1</u> | \$95,000.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 & 902 |
|--|-------------|---|------------------------------------|

| | | | |
|--|------------|---|------------------------------|
| Brief description Car - 2004 Chevy Tahoe Line from <i>Schedule A/B</i> : <u>3.2</u> | \$3,961.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
|--|------------|---|------------------------------|

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Andres
First Name Middle Name Last Name**Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| | | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description Debtors' Household Furnishings | \$500.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: <u>6</u> | | | |
| Brief description Debtors' cell phones (2) | \$50.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: <u>6</u> | | | |
| Brief description Debtors' clothing and shoes. | \$300.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a), (e) |
| Line from Schedule A/B: <u>11</u> | | | |
| Brief description Costume Jewelry | \$50.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: <u>12</u> | | | |
| Brief description Bank of America Checking Acct (Co-debtor) | \$829.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: <u>17.1</u> | | | |
| Brief description Bank of America Checking acct (Debtor) | \$927.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: <u>17.2</u> | | | |
| Brief description Various restaurant equipment. | \$1,500.00 | <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: <u>40</u> | | | |

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|------------------------|---|--------------------------|
| Amount of claim | Value of collateral that supports this claim | Unsecured portion |
| | | If any |

2.1 **Describe the property that secures the claim:** **\$3,902.14** **\$0.00** **\$3,902.14**

Cook County Treasurer

Creditor's name

118 N. Clark, Rm 112

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Property Taxes

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **1/1/2016** Last 4 digits of account number **0 0 0 0**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$3,902.14

Debtor 1 **Andres**
First Name Middle Name Last Name

| Part 1: | | Additional Page After listing any entries on this page, number them sequentially from the previous page. | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|--|--|---|
| 2.2 | | Describe the property that secures the claim: | \$95,000.00 | \$95,000.00 | |
| US Bank Home Mortgage Creditor's name 17500 Rockside RD Number Street | | 5715 W. Cermak Rd, Cicero, IL 60804 | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| Bedford OH 44146-2099 City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Nature of lien. Check all that apply. | | | | | |
| | | <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) | | | |
| <input checked="" type="checkbox"/> Check if this claim relates to a community debt | | Mortgage | | | |
| Date debt was incurred <u>1/1/2009</u> | | Last 4 digits of account number <u>9 4 7 0</u> | | | |
| 2.3 | | Describe the property that secures the claim: | \$22,150.00 | \$7,759.00 | \$14,391.00 |
| Wfds/wds Creditor's name Po Box 1697 Number Street | | 2012 Hyundai Sonata | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| Winterville NC 28590 City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Nature of lien. Check all that apply. | | | | | |
| | | <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) | | | |
| <input checked="" type="checkbox"/> Check if this claim relates to a community debt | | Automobile | | | |
| Date debt was incurred <u>04/2015</u> | | Last 4 digits of account number <u>7 3 1 8</u> | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$117,150.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$121,052.14

Debtor 1

Andres

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

Noonan & Leiberman Ltd

Name
105 W. Adams, #1800

Number Street

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 5 2 6 6

2

Ocwen Loan Servicing

Name
1661 Worthington Road, Ste. 100

Number Street

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 9 4 7 0

West Palm Beach

City State ZIP Code

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
| \$3,850.00 | \$3,850.00 | \$0.00 |

2.1

Robson & Lopez LLC

Priority Creditor's Name

5 S. Wabash

Number Street

Suite 1919

Last 4 digits of account number

When was the debt incurred? **01/20/2016**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were
intoxicated
 Other. Specify
Attorney fees for this case

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Debtor 1 **Andres Andrade**
First Name Middle Name Last Name**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

| | | |
|--|--|--|
| 4.1 | Atg Credit Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Number Street Chicago IL 60622 City State ZIP Code | \$45.00 |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | Last 4 digits of account number 4 9 6 4 When was the debt incurred? 07/2015 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.2 | Atg Credit Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Number Street Chicago IL 60622 City State ZIP Code | \$12.00 |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt | | Last 4 digits of account number 5 3 3 0 When was the debt incurred? 02/2015 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Andres**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

| | | |
|--|--|-------------------|
| 4.3 | Bk Of Amer Nonpriority Creditor's Name Po Box 982238 Number Street | \$4,851.00 |
| <p>Last 4 digits of account number 4 0 2 6</p> <p>When was the debt incurred? 09/2011</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p> | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | |
| 4.4 | Cepamerica Illinois LLP Nonpriority Creditor's Name PO Box 582663 Number Street | |
| | <p>Last 4 digits of account number 1 1 0 4</p> <p>When was the debt incurred? 3/23/2015</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical</p> | |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | \$73.50 |
| 4.5 | Chase Card Nonpriority Creditor's Name Po Box 15298 Number Street | |
| | <p>Last 4 digits of account number 0 9 8 4</p> <p>When was the debt incurred? 10/2007</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p> | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | \$633.00 |

Debtor 1 **Andres Andrade**
First Name Middle Name Last Name**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

| | | |
|---|--|--|
| 4.6 | Chicago Health Medical Grp Nonpriority Creditor's Name 2960 Professional Dr Number Street Springfield IL 62703 City State ZIP Code | \$44.02 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Last 4 digits of account number A 6 8 3 When was the debt incurred? Various As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical |
| 4.7 | | |
| Cook County Hospitals Nonpriority Creditor's Name PO Box 70121 Number Street Chicago IL 60673-5698 City State ZIP Code | | \$2,315.24 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Last 4 digits of account number 1 8 0 3 When was the debt incurred? Various As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical |
| 502977838; 750550147; 745166801; 502786130; 502949449; | | |
| 4.8 | Heart Care Centers of IL Nonpriority Creditor's Name PO Box 766 Number Street Bedford Park IL 60499 City State ZIP Code | \$13.36 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Last 4 digits of account number 3 5 9 0 When was the debt incurred? Variou As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical |
| | | |

Debtor 1 **Andres**
First Name Middle Name Last Name

Andrade

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

| | | |
|--|--|--|
| 4.9 | Loyola University Medical Ctr Nonpriority Creditor's Name PO Box 3021 Number Street | Last 4 digits of account number <u>0 4 4 5</u> |
| | | <u>When was the debt incurred? Various</u> |
| | | <u>As of the date you file, the claim is:</u> Check all that apply. |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Type of NONPRIORITY unsecured claim: |
| | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical |
| | | <u>\$98.25</u> |
| Milwaukee | WI | 53201 |
| City | State | ZIP Code |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.10 | Macneal Hospital Nonpriority Creditor's Name 2960 Professional Dr Number Street | Last 4 digits of account number <u>8 9 6 3</u> |
| | | <u>When was the debt incurred? Various</u> |
| | | <u>As of the date you file, the claim is:</u> Check all that apply. |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Type of NONPRIORITY unsecured claim: |
| | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical |
| | | <u>\$1,011.22</u> |
| Springfield | IL | 62703-5910 |
| City | State | ZIP Code |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.11 | Mcsi Inc Nonpriority Creditor's Name Po Box 327 Number Street | Last 4 digits of account number <u>6 4 1 7</u> |
| | | <u>When was the debt incurred? 1/1/2016</u> |
| | | <u>As of the date you file, the claim is:</u> Check all that apply. |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| | | Type of NONPRIORITY unsecured claim: |
| | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections |
| | | <u>\$200.00</u> |
| Palos Heights | IL | 60463 |
| City | State | ZIP Code |
| Who incurred the debt? Check one. | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| <input checked="" type="checkbox"/> Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Andres**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

\$205.00

Merchants Credit Guide

Nonpriority Creditor's Name
223 W Jackson Blvd Ste 4

Number Street

Last 4 digits of account number 2 8 0 1

When was the debt incurred? 12/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Chicago IL 60606

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collection Attorney**

4.13

\$671.05

Merchants Credit Guide Co

Nonpriority Creditor's Name
223 W. Jackson Blvd #700

Number Street

Last 4 digits of account number 0 3 0 8

When was the debt incurred? 3/30/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Chicago IL 60606

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for - Midwest Ortho**

4.14

\$205.00

Midwest Imaging Prof.

Nonpriority Creditor's Name
PO Box 3223831

Number Street

Last 4 digits of account number 3 7 9 4

When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Pittsburgh PA 15250

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

Debtor 1 **Andres**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$7.71

Minute Diagnostic of Nevada

Nonpriority Creditor's Name

PO Box 14000

Number Street

Last 4 digits of account number 1 6 3 7

When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Belfast ME 04915

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical

4.16

\$482.22

NANI

Nonpriority Creditor's Name

6527 Solution Ctr

Number Street

Last 4 digits of account number 8 2 1 3

When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Chicago IL 60677

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical

4.17

\$1,784.72

NCC

Nonpriority Creditor's Name

PO Box 3219

Number Street

Last 4 digits of account number 3 6 0 4

When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Oak Brook IL 60522-3219

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

1004168317

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for - Cook County Hospital

Debtor 1 **Andres**
First Name Middle Name**Andrade**

Last Name

01/21/2016 01:27:41am

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.18****\$243.00****Peoples Engy**
Nonpriority Creditor's Name
200 East Randolph
Number StreetLast 4 digits of account number **4 8 2 7**When was the debt incurred? **03/01/1996**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Chicago IL 60601
City State ZIP Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Agriculture

4.19**\$3,923.00****Portfolio Recovery Ass**
Nonpriority Creditor's Name
120 Corporate Blvd Ste 1
Number StreetLast 4 digits of account number **9 8 0 5**When was the debt incurred? **10/2015**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Norfolk VA 23502
City State ZIP Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Debt Buyer

4.20**\$2,563.00****Portfolio Recovery Ass**
Nonpriority Creditor's Name
120 Corporate Blvd Ste 1
Number StreetLast 4 digits of account number **0 9 9 5**When was the debt incurred? **05/2015**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Norfolk VA 23502
City State ZIP Code**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Debt Buyer

Is the claim subject to offset?

- No
 Yes

Debtor 1 **Andres**
First Name Middle Name Last Name
Andrade

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$1,100.58

Sears Cards

Nonpriority Creditor's Name

PO Box 6286

Number Street

Last 4 digits of account number 9 8 0 5

When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

Sioux Falls SD 57117-6286

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

4.22

\$73.00

Stanisccontr

Nonpriority Creditor's Name

914 14th St

Number Street

Last 4 digits of account number 3 5 N 1

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collections**

Modesto CA 95353

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

4.23

\$73.50

Stanislaus Credit Control Service

Nonpriority Creditor's Name

914 14th Street

Number Street

PO Box 480

Last 4 digits of account number 0 4 0 1

When was the debt incurred? Varoius

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

Modesto CA 95353

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Andres**
First Name Middle Name Last Name**Andrade**

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Desc Main

01/21/2016 01:27:41am

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.24****\$35.15****Synchrony/JCP**

Nonpriority Creditor's Name

PO Box 960090

Number Street

Last 4 digits of account number 3 5 9 1When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Orlando FL 32896-0090

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

4.25**\$3,852.63****United Recovery Systems**

Nonpriority Creditor's Name

5800 North Course Dr

Number Street

Last 4 digits of account number 7 6 7 7When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for - Sears CC

Houston TX 77072

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

4.26**\$91.54****Village of North Riverside**

Nonpriority Creditor's Name

9815 W. Lawrence Ave

Number Street

Last 4 digits of account number 5 7 1 3When was the debt incurred? 1/7/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Ambulance

Schiller Park IL 60176

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Debtor 1 **Andres**
First Name Middle NameDocument **Andrade**
Last Name**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|---------------------------------|--|-------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. <u>\$0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. <u>\$0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. <u>\$0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$3,850.00</u> |
| | 6e. Total. Add lines 6a through 6d. | 6d. <u>\$3,850.00</u> |

| | | Total claim |
|---------------------------------|--|--------------------------|
| Total claims from Part 2 | 6f. Student loans | 6f. <u>\$0.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. <u>\$0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + <u>\$24,607.69</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. <u>\$24,607.69</u> |

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for

| | | |
|--------------------------|--------------|---------------------------------------|
| 2.1 | Lease | Lease for first floor business |
| Name | | Contract to be ASSUMED |
| 5715 W. Cermak Rd | | |

Number Street

| | | |
|---------------|-----------|--------------|
| Cicero | IL | 60804 |
| City | State | ZIP Code |

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | _____ | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
 No
 Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Middle Name | Last Name Andrade |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Last Name Andrade |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) _____ | | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|---|
| Employment status | <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed |
| Occupation | _____ | |
| Employer's name | _____ | |
| Employer's address | Number Street _____ _____ | |
| | City | State Zip Code |
| | City | State Zip Code |

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|---------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$0.00 | \$0.00 |
| 3. Estimate and list monthly overtime pay. | 3. + \$0.00 | \$0.00 |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$0.00 | \$0.00 |

Debtor 1 Andres

First Name

Middle Name

Andrade

Last Name

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|--------------|-----------------------------------|
| Copy line 4 here ➔ | 4. | \$0.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 |
| 5e. Insurance | 5e. | \$0.00 |
| 5f. Domestic support obligations | 5f. | \$0.00 |
| 5g. Union dues | 5g. | \$0.00 |
| 5h. Other deductions. Specify: _____ | 5h.+ | \$0.00 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. | \$0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$2,600.00 |
| 8b. Interest and dividends | 8b. | \$0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 |
| 8d. Unemployment compensation | 8d. | \$0.00 |
| 8e. Social Security | 8e. | \$1,436.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps | 8f. | \$131.00 |
| 8g. Pension or retirement income | 8g. | \$0.00 |
| 8h. Other monthly income. Specify: Daughter Contribution | 8h.+ | \$500.00 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$4,667.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$4,667.00 |
| | + | \$0.00 |
| | = | \$4,667.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | |
| Specify: _____ | 11. + | \$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. | 12. | \$4,667.00 |
| Combined monthly income | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | None. | |
| <input type="checkbox"/> Yes. Explain: | | |

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Middle Name | Last Name Andrade |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) _____ | | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

23

No

Yes

Grandson

2

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

Your expenses

4a. **\$592.00**

4b. Property, homeowner's, or renter's insurance

4b. **\$200.00**

4c. Home maintenance, repair, and upkeep expenses

4c. **\$150.00**

4d. Homeowner's association or condominium dues

4d. **_____**

Debtor 1 Andres

First Name

Middle Name

Andrade

Last Name

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans 5. _____
6. Utilities:
- 6a. Electricity, heat, natural gas 6a. \$275.00
- 6b. Water, sewer, garbage collection 6b. \$200.00
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$80.00
- 6d. Other. Specify: 6d. _____
7. Food and housekeeping supplies 7. \$300.00
8. Childcare and children's education costs 8. _____
9. Clothing, laundry, and dry cleaning 9. \$20.00
10. Personal care products and services 10. \$40.00
11. Medical and dental expenses 11. \$40.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$175.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$10.00
14. Charitable contributions and religious donations 14. _____
15. Insurance.
- Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. _____
- 15b. Health insurance 15b. _____
- 15c. Vehicle insurance 15c. \$150.00
- 15d. Other insurance. Specify: 15d. _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
- Specify: 16. _____
17. Installment or lease payments:
- 17a. Car payments for Vehicle 1 17a. \$420.00
- 17b. Car payments for Vehicle 2 17b. _____
- 17c. Other. Specify: 17c. _____
- 17d. Other. Specify: 17d. _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. _____
19. Other payments you make to support others who do not live with you.
- Specify: 19. _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.
- 20a. Mortgages on other property 20a. _____
- 20b. Real estate taxes 20b. _____
- 20c. Property, homeowner's, or renter's insurance 20c. _____
- 20d. Maintenance, repair, and upkeep expenses 20d. _____
- 20e. Homeowner's association or condominium dues 20e. _____

Debtor 1 Andres
First Name Middle Name

Andrade

Last Name

21. Other. Specify: _____ 21. + _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$2,652.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.

22b. _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$2,652.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$4,667.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$2,652.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$2,015.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

None.

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

| | |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$95,000.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$15,876.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$110,876.00 |

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

| | |
|---|---------------------|
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... | \$121,052.14 |
|---|---------------------|

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

| | |
|--|--------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | \$3,850.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + | \$24,607.69 |

Your total liabilities

\$149,509.83

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

| | |
|---|-------------------|
| Copy your combined monthly income from line 12 of Schedule I..... | \$4,667.00 |
|---|-------------------|

5. Schedule J: Your Expenses (Official Form 106J)

| | |
|---|-------------------|
| Copy your monthly expenses from line 22c of Schedule J..... | \$2,652.00 |
|---|-------------------|

Debtor 1 Andres
First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations. (Copy line 6a.) _____

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) _____

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) _____

9d. Student loans. (Copy line 6f.) _____

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) _____

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + _____

9g. **Total.** Add lines 9a through 9f.

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | <u>Andres</u> First Name | <u>Andrade</u> Middle Name | <u>Andrade</u> Last Name |
| Debtor 2 (Spouse, if filing) | <u>Maria</u> First Name | <u>G</u> Middle Name | <u>Andrade</u> Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> | | | |
| Case number (if known) | _____ | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Andres Andrade

Signature of Debtor 1

Date 01/20/2016

MM / DD / YYYY

X /s/ Maria G Andrade

Signature of Debtor 2

Date 01/20/2016

MM / DD / YYYY

Fill in this information to identify your case:

| | | | |
|--|-----------------------------|-------------------------------|-----------------------------|
| Debtor 1 | Andres First Name | Andrade Middle Name | Andrade Last Name |
| Debtor 2 (Spouse, if filing) | Maria First Name | G Middle Name | Andrade Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Andres
 First Name Middle Name Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

| Debtor 1 | | Debtor 2 | |
|--------------------------------------|---|--------------------------------------|---|
| Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| <u>Social Security</u> | <u>\$728.00</u> | <u>Social Security</u> | <u>\$708.00</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <u>Social Security</u> | <u>\$8,736.00</u> | <u>Social Security</u> | <u>\$8,496.00</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <u>Social Security</u> | <u>\$8,736.00</u> | <u>Social Security</u> | <u>\$8,496.00</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

From January 1 of the current year until
the date you filed for bankruptcy:

For the last calendar year:

(January 1 to December 31, 2015)
 YYYY

For the calendar year before that:

(January 1 to December 31, 2014)
 YYYY

Debtor 1 Andres
 First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|------------------|-------------------|----------------------|-------------------------|
|------------------|-------------------|----------------------|-------------------------|

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- No

- Yes. List all payments to an insider.

| Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|------------------|-------------------|----------------------|-------------------------|
|------------------|-------------------|----------------------|-------------------------|

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No

- Yes. List all payments that benefited an insider.

| Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|------------------|-------------------|----------------------|-------------------------|
|------------------|-------------------|----------------------|-------------------------|

Include creditor's name

Debtor 1 Andres
 First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case | |
|---|--------------------|---|---|--------------------------|
| Case title US Bank v. Andrade | Foreclosure | Circuit Court of Cook County Court Name 50 W. Washington Number Street | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded | |
| Case number 10-CH-06522 | | Chicago City | IL State | 60602 ZIP Code |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Debtor 1 Andres
 First Name Middle Name Last Name

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- No
 Yes. Fill in the details.

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------------------|-------------------|
| <u>Robson & Lopez LLC</u> Person Who Was Paid | | | |
| <u>5 S. Wabash</u> Number Street | | <u>01/20/2016</u> | <u>\$150.00</u> |
| <u>Suite 1919</u> | | | |
| <u>Chicago</u> <u>IL</u> <u>60603</u> City State ZIP Code | | | |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |
| <u>Start Fresh Financial</u> Person Who Was Paid | <u>Credit Counseling</u> | | |
| Number Street | | <u>1/20/2015</u> | <u>\$78.00</u> |
| City | | | |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

Debtor 1 Andres
First Name Middle Name

Last Name

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Debtor 1 Andres
First Name Middle Name Last Name

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Debtor 1 Andres
First Name Middle Name

Last Name

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Andres Andrade

Signature of Debtor 1

Date 01/20/2016

/s/ Maria G Andrade

Signature of Debtor 2

Date 01/20/2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Andres Andrade**
Maria G Andrade

CASE NO

CHAPTER **13**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/20/2016

Signature /s/ Andres Andrade
Andres Andrade

Date 1/20/2016

Signature /s/ Maria G Andrade
Maria G Andrade

Atg Credit
1700 W Cortland St Ste 2
Chicago, IL 60622

Bk Of Amer
Po Box 982238
El Paso, TX 79998

Cepamerica Illinois LLP
PO Box 582663
Modesto, CA 95358-0046

Chase Card
Po Box 15298
Wilmington, DE 19850

Chicago Health Medical Grp
2960 Professional Dr
Springfield, IL 62703

Cook County Hospitals
PO Box 70121
Chicago, IL 60673-5698

Cook County Treasurer
118 N. Clark, Rm 112
Chicago, IL 60602

Heart Care Centers of IL
PO Box 766
Bedfrod Park, IL 60499

Lease
5715 W. Cermak Rd
Cicero, Il 60804

Loyola University Medical Ctr
PO Box 3021
Milwaukee, WI 53201

Macneal Hospital
2960 Professional Dr
Springfield, IL 62703-5910

Mcsi Inc
Po Box 327
Palos Heights, IL 60463

Merchants Credit Guide
223 W Jackson Blvd Ste 4
Chicago, IL 60606

Merchants Credit Guide Co
223 W. Jackson Blvd #700
Chicago, IL 60606

Midwest Imaging Prof.
PO Box 3223831
Pittsburgh PA 15250

Minute Diagnostic of Nevada
PO Box 14000
Belfast ME 04915

NANI
6527 Solution Ctr
Chicago, IL 60677

NCC
PO Box 3219
Oak Brook, IL 60522-3219

Noonan & Leiberman Ltd
105 W. Adams, #1800
Chicago, IL 60603

Ocwen Loan Servicing
1661 Worthington Road, Ste. 100
West Palm Beach, FL 33409

Peoples Engy
200 East Randolph
Chicago, IL 60601

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Sears Cards
PO Box 6286
Sioux Falls, SD 57117-6286

Staniscontr
914 14th St
Modesto, CA 95353

Stanislaus Credit Control Service
914 14th Street
PO Box 480
Modesto CA 95353

Synchrony/JCP
PO Box 960090
Orlando, FL 32896-0090

United Recovery Systems
5800 North Course Dr
Houston, TX 77072

US Bank Home Mortgage
17500 Rockside RD
Bedford, OH 44146-2099

Village of North Riverside
9815 W. Lawrence Ave
Schiller Park, IL 60176

Wfds/wds
Po Box 1697
Winterville, NC 28590

Atg Credit
1700 W Cortland St Ste 2
Chicago, IL 60622

Macneal Hospital
2960 Professional Dr
Springfield, IL 62703-5910

Peoples Engy
200 East Randolph
Chicago, IL 60601

Bk Of Amer
Po Box 982238
El Paso, TX 79998

Mcsi Inc
Po Box 327
Palos Heights, IL 60463

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Cepamerica Illinois LLP
PO Box 582663
Modesto, CA 95358-0046

Merchants Credit Guide
223 W Jackson Blvd Ste 4
Chicago, IL 60606

Sears Cards
PO Box 6286
Sioux Falls, SD 57117-6286

Chase Card
Po Box 15298
Wilmington, DE 19850

Merchants Credit Guide Co
223 W. Jackson Blvd #700
Chicago, IL 60606

Staniscontr
914 14th St
Modesto, CA 95353

Chicago Health Medical Grp
2960 Professional Dr
Springfield, IL 62703

Midwest Imaging Prof.
PO Box 3223831
Pittsburgh PA 15250

Stanislaus Credit Control Servi
914 14th Street
PO Box 480
Modesto CA 95353

Cook County Hospitals
PO Box 70121
Chicago, IL 60673-5698

Minute Diagnostic of Nevada
PO Box 14000
Belfast ME 04915

Synchrony/JCP
PO Box 960090
Orlando, FL 32896-0090

Cook County Treasurer
118 N. Clark, Rm 112
Chicago, IL 60602

NANI
6527 Solution Ctr
Chicago, IL 60677

United Recovery Systems
5800 North Course Dr
Houston, TX 77072

Heart Care Centers of IL
PO Box 766
Bedford Park, IL 60499

NCC
PO Box 3219
Oak Brook, IL 60522-3219

US Bank Home Mortgage
17500 Rockside RD
Bedford, OH 44146-2099

Lease
5715 W. Cermak Rd
Cicero, IL 60804

Noonan & Leiberman Ltd
105 W. Adams, #1800
Chicago, IL 60603

Village of North Riverside
9815 W. Lawrence Ave
Schiller Park, IL 60176

Loyola University Medical Ctr
PO Box 3021
Milwaukee, WI 53201

Ocwen Loan Servicing
1661 Worthington Road, Ste. 10
West Palm Beach, FL 33409

Wfds/wds
Po Box 1697
Winterville, NC 28590

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Andres Andrade
Maria G Andrade**

CASE NO

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

| No. | Category | Gross Property Value | Total Encumbrances | Total Equity | Total Amount Exempt | Total Amount Non-Exempt |
|-----|--|----------------------|--------------------|--------------|---------------------|-------------------------|
| 1. | Real property | \$95,000.00 | \$95,000.00 | \$0.00 | \$0.00 | \$0.00 |
| 3. | Motor vehicles (cars, etc.) | \$11,720.00 | \$22,150.00 | \$3,961.00 | \$3,961.00 | \$0.00 |
| 4. | Water/Aircraft, Motor Homes, Rec. veh. and access. | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 6. | Household goods and furnishings | \$550.00 | \$0.00 | \$550.00 | \$550.00 | \$0.00 |
| 7. | Electronics | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 8. | Collectibles of value | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 9. | Equipment for sports and hobbies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 10. | Firearms | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 11. | Clothes | \$300.00 | \$0.00 | \$300.00 | \$300.00 | \$0.00 |
| 12. | Jewelry | \$50.00 | \$0.00 | \$50.00 | \$50.00 | \$0.00 |
| 13. | Non-farm animals | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 14. | Unlisted pers. and household items-incl. health aids | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 16. | Cash | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 17. | Deposits of money | \$1,756.00 | \$0.00 | \$1,756.00 | \$1,756.00 | \$0.00 |
| 18. | Bonds, mutual funds or publicly traded stocks | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 19. | Non-pub. traded stock and int. in businesses | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 20. | Govt. and corp. bonds and other instruments | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 21. | Retirement or pension accounts | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 22. | Security deposits and prepayments | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 23. | Annuities | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 24. | Interests in an education IRA | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 25. | Trusts, equit. or future int. (not in line 1) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 26. | Patents, copyrights, and other intellectual prop. | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 27. | Licenses, franchises, other general intangibles | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 28. | Tax refunds owed to you | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Andres Andrade
Maria G Andrade**

CASE NO

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)*Continuation Sheet # 1***Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

| No. | Category | Gross Property Value | Total Encumbrances | Total Equity | Total Amount Exempt | Total Amount Non-Exempt |
|----------------|---|----------------------|---------------------|-------------------|---------------------|-------------------------|
| 29. | Family support | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 30. | Other amounts someone owes you | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 31. | Interests in insurance policies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 32. | Any int. in prop. due you from someone who has died | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 33. | Claims vs. third parties, even if no demand | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 34. | Other contin. and unliq. claims of every nature | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 35. | Any financial assets you did not already list | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 38. | Accounts rec. or commissions you already earned | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 39. | Office equipment, furnishings, and supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 40. | Mach., fixt., equip., bus. suppl., tools of trade | \$1,500.00 | \$0.00 | \$1,500.00 | \$1,500.00 | \$0.00 |
| 41. | Inventory | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 42. | Interests in partnerships or joint ventures | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 43. | Customer and mailing lists, or other compilations | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 44. | Any business-related property not already listed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 47. | Farm animals | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 48. | Crops--either growing or harvested | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 49. | Farm/fishing equip., impl., mach., fixt., tools | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 50. | Farm and fishing supplies, chemicals, and feed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 51. | Farm/commercial fishing-related prop. not listed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 53. | Any other property of any kind not already listed | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTALS: | | \$110,876.00 | \$117,150.00 | \$8,117.00 | \$8,117.00 | \$0.00 |

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Andres Andrade
Maria G Andrade**

CASE NO

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

| Property Description | Market Value | Lien | Equity |
|--------------------------|--------------|--------|--------|
| Real Property | | | |
| (None) | | | |
| Personal Property | | | |
| (None) | | | |
| TOTALS: | \$0.00 | \$0.00 | \$0.00 |

Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

| Property Description | Market Value | Lien | Equity | Non-Exempt Amount |
|--------------------------|--------------|--------|--------|-------------------|
| Real Property | | | | |
| (None) | | | | |
| Personal Property | | | | |
| (None) | | | | |
| TOTALS: | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| Summary | |
|--|--------------|
| A. Gross Property Value (not including surrendered property) | \$110,876.00 |
| B. Gross Property Value of Surrendered Property | \$0.00 |
| C. Total Gross Property Value (A+B) | \$110,876.00 |
| D. Gross Amount of Encumbrances (not including surrendered property) | \$117,150.00 |
| E. Gross Amount of Encumbrances on Surrendered Property | \$0.00 |
| F. Total Gross Encumbrances (D+E) | \$117,150.00 |
| G. Total Equity (not including surrendered property) / (A-D) | \$8,117.00 |
| H. Total Equity in surrendered items (B-E) | \$0.00 |
| I. Total Equity (C-F) | \$8,117.00 |
| J. Total Exemptions Claimed | \$8,117.00 |
| K. Total Non-Exempt Property Remaining (G-J) | \$0.00 |

Atg Credit
1700 W Cortland St Ste 2
Chicago, IL 60622

Macneal Hospital
2960 Professional Dr
Springfield, IL 62703-5910

Peoples Engy
200 East Randolph
Chicago, IL 60601

Bk Of Amer
Po Box 982238
El Paso, TX 79998

Mcsi Inc
Po Box 327
Palos Heights, IL 60463

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Cepamerica Illinois LLP
PO Box 582663
Modesto, CA 95358-0046

Merchants Credit Guide
223 W Jackson Blvd Ste 4
Chicago, IL 60606

Sears Cards
PO Box 6286
Sioux Falls, SD 57117-6286

Chase Card
Po Box 15298
Wilmington, DE 19850

Merchants Credit Guide Co
223 W. Jackson Blvd #700
Chicago, IL 60606

Staniscontr
914 14th St
Modesto, CA 95353

Chicago Health Medical Grp
2960 Professional Dr
Springfield, IL 62703

Midwest Imaging Prof.
PO Box 3223831
Pittsburgh PA 15250

Stanislaus Credit Control
Service
914 14th Street
PO Box 480
Modesto CA 95353

Cook County Hospitals
PO Box 70121
Chicago, IL 60673-5698

Minute Diagnostic of Nevada
PO Box 14000
Belfast ME 04915

Synchrony/JCP
PO Box 960090
Orlando, FL 32896-0090

Cook County Treasurer
118 N. Clark, Rm 112
Chicago, IL 60602

NANI
6527 Solution Ctr
Chicago, IL 60677

United Recovery Systems
5800 North Course Dr
Houston, TX 77072

Heart Care Centers of IL
PO Box 766
Bedford Park, IL 60499

NCC
PO Box 3219
Oak Brook, IL 60522-3219

US Bank Home Mortgage
17500 Rockside RD
Bedford, OH 44146-2099

Lease
5715 W. Cermak Rd
Cicero, IL 60804

Noonan & Leiberman Ltd
105 W. Adams, #1800
Chicago, IL 60603

Village of North Riverside
9815 W. Lawrence Ave
Schiller Park, IL 60176

Loyola University Medical Ctr
PO Box 3021
Milwaukee, WI 53201

Ocwen Loan Servicing
1661 Worthington Road, Ste.
100
West Palm Beach, FL 33409

Wfds/wds
Po Box 1697
Winterville, NC 28590

Salvador J Lopez, Bar No. 6298522
Robson & Lopez LLC
5 S. Wabash
Suite 1919
Chicago, IL 60603
(312) 523-2021
Attorney for the Petitioner

UNITED STATES BANKRUPTCY COURT FOR THE

**NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re:
Andres Andrade
Maria G Andrade
Debtor(s)

Case No.: xxx-xx-1645
SSN: xxx-xx-3436

Numbered Listing of Creditors

Address:
5715 W Cermak Rd
Cicero, IL 60804

Chapter: **13**

| | Creditor name and mailing address | Category of claim | Amount of claim |
|----|---|-------------------|-----------------|
| 1. | Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622 xxx4964 | Unsecured Claim | \$45.00 |
| 2. | Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622 xxx5330 | Unsecured Claim | \$12.00 |
| 3. | Bk Of Amer Po Box 982238 El Paso, TX 79998 xxxxxxxxxxxx4026 | Unsecured Claim | \$4,851.00 |
| 4. | Cepamerica Illinois LLp PO Box 582663 Modesto, CA 95358-0046 xxxxx1104 | Unsecured Claim | \$73.50 |
| 5. | Chase Card Po Box 15298 Wilmington, DE 19850 xxxxxxx0984 | Unsecured Claim | \$633.00 |
| 6. | Chicago Health Medical Grp 2960 Professional Dr Springfield, IL 62703 xxxxxxA683 | Unsecured Claim | \$44.02 |

in re: **Andres Andrade**

| | Debtor | Case No. (if known) | |
|-----|--|---------------------|-----------------|
| | Creditor name and mailing address | Category of claim | Amount of claim |
| 7. | Cook County Hospitals PO Box 70121 Chicago, IL 60673-5698 xxxxxxxx; xxxxxxxx; xxxx1803; | Unsecured Claim | \$2,315.24 |
| 8. | Cook County Treasurer 118 N. Clark, Rm 112 Chicago, IL 60602 xx-xx-xxx-xxx-0000 | Secured Claim | \$3,902.14 |
| 9. | Heart Care Centers of IL PO Box 766 Bedfrod Park, IL 60499 xx3590 | Unsecured Claim | \$13.36 |
| 10. | Loyola University Medical Ctr PO Box 3021 Milwaukee, WI 53201 xxx0445 | Unsecured Claim | \$98.25 |
| 11. | Macneal Hospital 2960 Professional Dr Springfield, IL 62703-5910 xxxxxxxxxx; xxxxxxxx; xxxx8963 | Unsecured Claim | \$1,011.22 |
| 12. | Mcsi Inc Po Box 327 Palos Heights, IL 60463 xxxxxxxxxxxx6417 | Unsecured Claim | \$200.00 |
| 13. | Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606 xxxxxx2801 | Unsecured Claim | \$205.00 |
| 14. | Merchants Credit Guide Co 223 W. Jackson Blvd #700 Chicago, IL 60606 xx-xxxx0308 | Unsecured Claim | \$671.05 |
| 15. | Midwest Imaging Prof. PO Box 3223831 Pittsburgh PA 15250 xxx-xxxxx3794 | Unsecured Claim | \$205.00 |

in re: **Andres Andrade**

| | Creditor name and mailing address | Debtor | Case No. (if known) | |
|-----|--|--------|---------------------|-----------------|
| | | | Category of claim | Amount of claim |
| 16. | Minute Diagnostic of Nevada PO Box 14000 Belfast ME 04915 xxxxxx1637 | | Unsecured Claim | \$7.71 |
| 17. | NANI 6527 Solution Ctr Chicago, IL 60677 xx8213 | | Unsecured Claim | \$482.22 |
| 18. | NCC PO Box 3219 Oak Brook, IL 60522-3219 xxxxxxxx; xxxxxxxx; xxx3604; | | Unsecured Claim | \$1,784.72 |
| 19. | Noonan & Leiberman Ltd 105 W. Adams, #1800 Chicago, IL 60603 xx-xx-x5266 | | Unsecured Claim | \$0.00 |
| 20. | Ocwen Loan Servicing 1661 Worthington Road, Ste. 100 West Palm Beach, FL 33409 xxxxxx9470 | | Unsecured Claim | \$0.00 |
| 21. | Peoples Engy 200 East Randolph Chicago, IL 60601 xxxxxxxx4827 | | Unsecured Claim | \$243.00 |
| 22. | Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502 xxxxxxxxxxx9805 | | Unsecured Claim | \$3,923.00 |
| 23. | Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502 xxxxxxxxxxxx0995 | | Unsecured Claim | \$2,563.00 |
| 24. | Robson & Lopez LLC 5 S. Wabash Suite 1919 Chicago, IL 60603 | | Priority Claim | \$3,850.00 |

in re: **Andres Andrade**

| | Debtor | Case No. (if known) | |
|-----|--|---------------------|-----------------|
| | Creditor name and mailing address | Category of claim | Amount of claim |
| 25. | Sears Cards PO Box 6286 Sioux Falls, SD 57117-6286 xxxxxxxxxx9805 | Unsecured Claim | \$1,100.58 |
| 26. | Staniscccontr 914 14th St Modesto, CA 95353 xxxxxxx35N1 | Unsecured Claim | \$73.00 |
| 27. | Stanislaus Credit Control Service 914 14th Street PO Box 480 Modesto CA 95353 xxxxxx0401 | Unsecured Claim | \$73.50 |
| 28. | Synchrony/JCP PO Box 960090 Orlando, FL 32896-0090 33591 | Unsecured Claim | \$35.15 |
| 29. | United Recovery Systems 5800 North Course Dr Houston, TX 77072 xxxx7677 | Unsecured Claim | \$3,852.63 |
| 30. | US Bank Home Mortgage 17500 Rockside RD Bedford, OH 44146-2099 xxxxx9470 | Secured Claim | \$95,000.00 |
| 31. | Village of North Riverside 9815 W. Lawrence Ave Schiller Park, IL 60176 xxx-5713 | Unsecured Claim | \$91.54 |
| 32. | Wfds/wds Po Box 1697 Winterville, NC 28590 xxxxxxxx7318 | Secured Claim | \$22,150.00 |

in re: **Andres Andrade**

Debtor

Case No. (if known)

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Andres Andrade** _____,

named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*,
consisting of 5 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor: /s/ Andres Andrade Date: 1/20/2016
Andres Andrade

Spouse: /s/ Maria G Andrade Date: 1/20/2016
Maria G Andrade